### **LIFESECURE INSURANCE COMPANY - NAIC 77720**

# LTC Individual - Comprehensive - Tax Qualified

POLICY FORM: LS 0002 CA 07 07 (4.2 Years)

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1. Maximun	n Policy Ber	nefit (MPB) =	In year(s).	Enter the nu	mber of days	in Company I	Notes.				
1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other			
			YES								
MPB Company Notes:	1,520 (Numbe	r of Days) times	the Nursing F	acility Daily Be	nefit = 4.2 years	. Other Notes:					
2. Nursing	Home/Facili	ty Daily Ben	efit Amoun	ts (NHB) - T	here is a mir	nimum and ma	aximum am	ount offered in dollar increments.			
Minimum	Maximum	Increment	Day	Week	Month	None	Other				
\$1,550	\$20,000	\$1	NO	NO	YES	NO	NO				
NHB Company Notes:	Enter Notes: N	None reported by	y the company								
3. Resident	ial Care Fac	ility Daily B	enefit (RCF	<b>E)</b> - Represe	ents the RCFI	E percentage	of the Nursi	ing Facility Limit.			
100%	90%	80%	75%	70%	Other						
YES											
RCFE Company Notes:	Enter Notes: None reported by the company.										
4. Home Ca	re Benefit A	mounts (HC	B) - Repres	ents the per	centage of H	ome Care Ber	nefit Amour	nt for Comprehensive Policies.			
100%	90%	80%	75%	70%	60%	50%	None	Other			
YES											
HCB Company Notes:	Enter Notes: None reported by the company.										
5. Home Ca	re Only Ber	nefit Amount	s (HCBO) -	There is a m	ninimum and	maximum am	ount offere	d in dollar increments.			
Minimum	Maximum	Increment	Day	Week	Month	None YES	Other				
HCBO Company Notes:	Not Applicable: This LTC policy form is not a Home Care Only policy.										
6. Qualifica	tion for Ben	efits (QB)									
	QB_2_OF_7	QB_OTH1	QB_MN	QB_CI	QB_90DR	QB_OTH2	_				
YES				YES							
QB Company Notes:	The need for hu	man assistance o	or continual supe	rvision to perform	n at least 2 of 6 Ad	ctivities of Daily Liv	ing or due to se	evere cognitive impairment.			

# 7. Elimination Period (EP) = In days Select all that applies.

0	20	30	60	90	100	CALENDAR	SERVICE	Other
NO	NO	NO	NO	YES	NO	YES	NO	NO
EP Company	Enter Notes: I	None reported b	y the company.					

### 8. Inflation Protection (IP)

		5%		Guaranteed Purchase	
IP Methodol	ogy	Compound	5% Simple	Option	Other
Explain IP Methodology: None reported by the company.		YES	NO	YES	YES
IP Company Notes:	Enter Notes: 3% Compound				

### 9. Waiver of Premium (WAVP)

Enter Notes: Premium is waived beginning on the first day the policyholder begins receiving benefits.

#### **LIFESECURE INSURANCE COMPANY - NAIC 77720**

### **Long Term Care Insurance Rates**

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	30 Day Elir	mination Per	riod		90 Day Elimination Period - Calendar				
ISSUE AGE	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	
50					\$793	\$2,157			
55					\$946	\$2,488			
60					\$1,272	\$3,256			
65					\$1,838	\$4,338			
70					\$3,208	\$6,512			
75					\$5,981	\$10,228			
80					\$8,118	\$12,015			

Customer Service Telephone Number: (866) 582 - 7701